

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

DOCUMENT# N99000002344

**Entity Name:** AMERICAN EDUCATIONAL DEVELOPMENT, INCORPORATED

**Current Principal Place of Business:**

5666 SEMINOLE BLVD, SUITE 2  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

5666 SEMINOLE BLVD, SUITE 2  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 59-3564028      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, ZACHARY S  
5666 SEMINOLE BLVD, SUITE 2  
SEMINOLE, FL 33772      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: EX.D      ( ) Delete  
Name: EKNO, TIMOTHY J  
Address: 4121 RICE STREET #302  
City-St-Zip: LIHUE, HI 96766

Title: DIR.      ( ) Delete  
Name: OTAVIANI, TIMOTHY  
Address: 70 ENCANTO AVENUE  
City-St-Zip: SAN FRANCISCO, CA 94115

Title: TD      ( ) Delete  
Name: RICHARD, RHODES  
Address: 2576 STONEY HILL ROAD  
City-St-Zip: MEDINA, OH 44256

Title: DIR.      ( ) Delete  
Name: SHANNON, BLOWER  
Address: 2576 STONEY HILL ROAD  
City-St-Zip: MEDINA, OH 44256

Title: SD      ( ) Delete  
Name: EKNO, VANESSA  
Address: 4121 RICE STREET #302  
City-St-Zip: LIHUE, HI 96766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM J EKNO

Electronic Signature of Signing Officer or Director

EX.D

01/08/2008

\_\_\_\_\_ Date